

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION			1. DATE OF REQUEST 6 November 1968									
2. NAME (Last, First, Middle) KURGVEL, Aleks		3. POSITION TITLE Transcriber	4. GRADE GS 12									
5. OFFICE, DIVISION, BRANCH SB/S/PT		6. EMPLOYEE'S EXT. 6935										
7. PURPOSE OF EVALUATION												
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input checked="" type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"><tr><td>ETO</td></tr><tr><td>STATION</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 83) ATTACHED</td></tr></table> <input type="checkbox"/> RETURN FROM OVERSEAS <table border="1"><tr><td>ETA</td></tr><tr><td>STATION</td></tr><tr><td>NO. OF DEP'S</td></tr></table>		ETO	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 83) ATTACHED	ETA	STATION	NO. OF DEP'S
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8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. APPROVING OFFICER										
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>S</i>	ROOM NO. & BUILDING 4 D 0004 EXT. 6935									
10. COMMENTS <p>Subject is a contract employee with SB Div. QUALIF. D FOR TDY STANDBY UNTIL Jan 70</p>												
11. REPORT OF EVALUATION <i>IC</i> <i>J</i> <i>2072</i> <i>245</i>												
DATE 11/11/68	SIGNATURE FOR CHIEF OF MEDICAL STAFF											

FORM 259 USE PREVIOUS EDITIONS.
10-59

SECRET

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SOURCES/METHOD/EXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2006